

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/30480

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		CANCEL			
3	/					
4	/		CANCEL			
5	/		/			
6	/		CANCEL			
7	/					
8	/					
9	7		CANCEL			
10	7		/			
11	7		CANCEL			
12	7		CANCEL			
13	/					
14	/		CANCEL			
15	/					
16	/		CANCEL			
17	/		/			
18	/					
19	/		CANCEL			
20	/		CANCEL			
21	/					
22	/		CANCEL			
23						
24	1					
25	8		CANCEL			
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	1		/			
33	8		CANCEL			
34	1					
35	8					
36	8		CANCEL			
37	8					
38	8		CANCEL			
39	1					
40	1		CANCEL			
41	1		/			
42	1		CANCEL			
43						
44						
45						
46						
47						
48						
49						
50	1		CANCEL			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.			7	
TOTAL DEP.			12	
TOTAL CLAIMS			19	